

Dr Arulnathan Thuraiaratnam

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tudor Lodge Health Centre (Dr Arulnathan Thurairatnam) on 2 June 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews, investigations, and the recording of incidents were not thorough enough in all cases.
- Areas of the practice which could pose a significant risk to patients and staff were assessed and managed; however, the practice did not have a risk log and there was no evidence that action had been taken to identify and address all risks.
- Improvement was needed in the security arrangements at the practice; for example, no

process was in place to monitor the use of prescription pads and sheets (including methadone prescriptions), and we observed that an area used for storing patient notes was unlocked.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on; however, a record was not always kept of these suggestions or the action taken by the practice.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice worked closely with specialist colleagues in order to provide high quality care to patients with long-term conditions. The nurse delivered joint monthly clinics with the CCG's diabetes specialist nurse for diabetic patients whose conditions were difficult to manage, and joint monthly clinics with the CCG's chronic obstructive pulmonary disease (COPD) specialist pharmacist for patients with COPD. The practice could not demonstrate the impact of this statistically; however, staff could provide individual examples of patients whose conditions had been quickly brought under control as a result of receiving this expert input. The practice also invited hospital consultants to provide educational sessions to clinical staff, for example, an endocrinologist had recently given a talk on diabetes care.

The areas where the provider must make improvement are:

- They must ensure that complete and contemporaneous records are kept, particularly in relation to significant events, staff meetings, staff recruitment, and staff appraisals. They must ensure that all significant events are thoroughly investigated and that records show that lessons learned are shared, embedded and analysed.

- They must put in place robust arrangements to ensure the security of resources and patient information.
- They must review their fire risk assessment and take action to address the risks identified.
- They must put in place a formal process for the checking of emergency equipment, and ensure that a record is kept of the completed checks and put in place a process for the fridge temperatures to be checked on every day that the practice is open.

In addition, the areas where they should make improvement are:

- They should ensure that audit is being used to drive improvements in patient care.
- They should review their staff recruitment processes to ensure they follow their own procedures with regards to completing pre-employment checks for new members of staff (or complete a risk assessment in cases where the recruitment policy is not followed) and put processes in place to ensure the identity of new members of staff is checked.
- They should consider whether it would be beneficial for staff to receive an individual annual appraisal and personal development plan.
- They should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- They should review their business continuity procedure to ensure that the content is up to date.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was a system in place for reporting and recording significant events but it was not robust. There was a lack of evidence to show that in all cases lessons learned from significant events were shared, and that action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Overall, risks to patients were assessed but they were not consistently managed; the practice did not have a risk log; actions had not been taken to minimise the risks identified in the fire risk assessment; the fridge temperature was not monitored every day the practice was open and there was no system to check emergency equipment.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were completed; however, there was limited evidence that these were used to drive improvements.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed the rate of patient satisfaction with the care received from the practice was comparable to local and national averages.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, they were in the process of arranging to have their premises extended in order to accommodate an additional consultation room so that more patients could be seen.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, but these were not all up to date.
- There were some governance arrangements in place; however, these were not all robust. They held regular governance meetings; however, the content of these meetings was not consistently recorded. The practice had policies in place to support the delivery of good quality care, and these were

Good



Summary of findings

accessible to all staff; however, the arrangements in place were not sufficient to ensure that risks were identified and that lessons learned from significant events were recorded, shared and embedded.

- The provider was aware of and complied with the requirements of the duty of candour. The management team encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Arrangements were in place to allow housebound patients to request repeat prescriptions by phone.
- The practice worked closely with the wider primary care team, such as district nurses, community matron, social services and the Falls Prevention Team to deliver a complete package of care to older patients.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were comparable to local and national averages. Overall the practice achieved 90% of the total QOF points available for diabetes indicators, compared with an average of 83% locally and 89% nationally.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening had been carried-out for 87% of women registered at the practice aged 25-64, which was comparable to the CCG average of 81% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice sent appointment reminders and health promotion information by text message.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. They also registered patients who had been de-registered from other practices due to being violent; they had 53 of these patients registered.
- The principal GP held an advanced qualification in substance misuse and was able to manage patients at the practice with these issues.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, including those at risk of unplanned admission to hospital.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice had 18 patients diagnosed with dementia and 89% had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 87% and national average of 84%.
- The practice had 55 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 87% of these patients, compared to a CCG average of 90% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and nine survey forms were distributed and 92 were returned. This represented less than 1% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the CCG average of 81% and national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and national average of 85%.

- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received. Patients commented that the staff at reception were always helpful and friendly, and that the clinical staff were knowledgeable and caring and that appointments never felt rushed.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Dr Arulnathan Thurairatnam

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Dr Arulnathan Thurairatnam

Dr Arulnathan Thurairatnam provides primary medical services from Tudor Lodge Health Centre in Southfields to approximately 6800 patients and is one of 44 practices in Wandsworth Clinical Commissioning Group (CCG).

The practice population is in the fifth least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 28%, which is higher than the CCG average of 21%, and for older people the practice value is 26%, which is higher than the CCG average of 23%. The practice has a larger proportion of patients aged 0 to 44 years than the CCG average, and a much smaller proportion of patients aged 45 to 85+ years. Of patients registered with the practice, the largest group by ethnicity are white (66%), followed by asian (15%), black (11%), mixed (5%) and other non-white ethnic groups (3%).

The practice operates from the ground floor of a two-storey purpose built premises (the first floor is used by local NHS community services). Car parking is available on site and in the surrounding streets. The practice has access to four doctors' consultation rooms and one nurse consultation room.

The practice team at the surgery is made up of one full time male GP who is the practice principal; and three part time

female salaried GPs. In total 32 GP sessions are available per week. In addition, the practice also has two part time female nurses (with one vacancy which is currently being recruited to), and one part time female healthcare assistant. The practice team also consists of a practice manager and six reception/administrative staff.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract), including providing the violent patient scheme.

The practice is open between 8am and 6:30pm Monday to Friday. Appointments are from 8am to 1pm every morning, and 3pm to 6:30pm every afternoon. Patients can contact clinical staff by phone between 1pm and 3pm. Extended hours surgeries are offered between 6:30pm and 8:00pm Monday to Friday and from 8:30am to 11:00am on Saturdays.

When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures; and family planning.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 June 2016. During our visit we:

- Spoke with a range of staff including the GPs, nurse, practice manager and administrative staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There were systems in place for reporting and recording significant events; however, they were not robust.

- Staff told us they would inform the practice manager of any incidents and there was an incident book kept at reception which was used to initially record the details of incidents. Some of these incidents would then be formally written-up as significant events; however, it was unclear what the criteria was for this. For example, we were told of a serious incident where a nurse failed to record that they had given vaccinations to a child, but there was no evidence that this had been fully investigated and recorded as a significant event.
- Details of the significant events which were formally recorded were summarised on spreadsheets for individual GPs; however, there was no centralised record of all significant events which had occurred at the practice, which could make identifying trends difficult.
- We were told that significant events and incidents were discussed in weekly clinical meetings and, where necessary, in weekly multi-disciplinary meetings and in administrative staff meetings; however, minutes of these meetings were rarely taken and therefore it was difficult to find evidence to show that learning was shared and embedded.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports and patient safety alerts. We were told that these were discussed at staff meetings, but these meetings were not documented. We saw some evidence that lessons were shared and action was taken to improve safety in the practice. For example, a significant event had been recorded where a GP had recorded their consultation with a patient on the records of a patient with a similar name. Following this incident, patients with similar names were identified and flags put on the system, prompting staff to double check that they are using the correct patient record.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. One staff member had received face to face chaperone training and carried-out most of the chaperoning required; other members of administrative staff had completed online chaperoning training and would chaperone when the designated member of staff was not available. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Overall, the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal); however, we noted that the temperature of the vaccines fridge was only checked on the days when nursing staff were present in the practice, and therefore

Are services safe?

there were two days per week when no reading was taken. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads, including those for methadone, were securely stored; however, there was no system in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed six personnel files and found them all to be incomplete. Some files contained recruitment documentation, proof of identification and references; however none of the files we viewed contained all of these documents. We noted that three of the staff members whose files we viewed had been recruited a number of years ago which may account for the less robust recording; however, the file for the most recently recruited member of staff was also lacking records of a complete employment history, proof of identity and copies of references.

Monitoring risks to patients

Overall, risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice premises was owned by NHS property services, and a fire risk assessment for the whole building had been carried-out in 2015 which had highlighted some potential risks; however, we saw no evidence of the practice having liaised with NHS Property Services in order to arrange for these areas to

be addressed, nor did the practice have a risk mitigation plan in relation to this. We noted that two of the fire exits were not suitable for people who used wheelchairs, as there were steps to exit the building from these; the practice agreed to liaise with NHS Property Services to find a solution to this. We were told that regular fire drills were carried out, and these were arranged by the building manager.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Whilst the practice had identified the specific risks outlined above, they did not have a practice risk log to allow them to identify and mitigate other risks to patients and staff.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There were panic buttons in all the consultation and treatment rooms and at reception, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks; however, there was no formal process in place for checking that this equipment was working, and no record was kept of checks that were carried-out. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services safe?

- The practice had a business continuity plan in place for major incidents such as power failure or building damage; however, the review of this plan scheduled for July 2015 had not been carried-out, and some details were now out of date. For example, the plan referred to the local Primary Care Trust, and stated that should the premises become uninhabitable they would re-locate to Park Lodge Care Home (which was no longer in operation).

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date; there was an audit trail system for information received by post, which involved the information being placed into a folder with a sticker on the front listing the names of the staff who must read it, and staff crossed-off their names once they had read the information. For alerts received by email, we were told that the practice manager ensured that the emails were forwarded to the relevant staff and that if necessary, these were discussed in clinical team meetings; however, there were no notes of meetings to evidence this. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available. The practice's overall clinical exception rate was 7%, which was the same as the CCG average and below the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were comparable to local and national averages. Overall the practice achieved 90% of the total QOF points available, compared with an average of 83% locally and 89% nationally. The proportion of diabetic patients who had a record of well controlled blood pressure in the

preceding 12 months was 74%, which was the same as the CCG average and comparable to the national average of 78%; and the proportion of diabetic patients with well controlled blood glucose level in the preceding 12 months was 77%, compared to a CCG average of 75% and national average of 78%.

The proportion of diabetic patients with a record of a foot examination and risk classification in the preceding 12 months was 90% (CCG and national average 88%), and the percentage of diabetic patients who had received influenza immunisation was 93% (CCG average was 92% and national average was 94%). The proportion of newly diagnosed diabetic patients who were referred to a structured educational programme within nine months of diagnosis was 87%, which was comparable to the CCG average of 91% and national average of 90%.

The practice nurse worked closely with the principal GP to provide diabetes care to patients, and they met regularly to discuss patients' treatment. The nurse also carried-out joint consultations with the local diabetes specialist nurse for patients whose condition was difficult to manage. The practice provided a monthly chronic obstructive pulmonary disease (COPD) clinic, which the practice nurse delivered jointly with the CCG's COPD specialist pharmacist.

- The practice had 18 patients diagnosed with dementia and 89% had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 87% and national average of 84%.
- The practice had 55 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 87% of these patients, compared to a CCG average of 90% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- In the past year there had been clinical audits completed which looked at antibiotic prescribing; the use of medicines to control the production of stomach acid; and medicines optimisation, which looked at the prescribing of medicines to patients who regularly took several different types of medicines.

Are services effective?

(for example, treatment is effective)

- The practice had completed re-audits in each case; however, there was limited evidence of action points resulting from initial audits or of analysis of the impact of any action taken in the follow-up audits, and therefore it was difficult to find evidence that audit was being used to drive quality improvement at the practice.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice manager had an induction check-list to ensure that newly appointed staff received all the information they needed when they started at the practice; however, it did not appear that this was shared with staff members, as the staff we spoke to were not aware of the practice having a formal induction programme. Staff we spoke to could describe the way in which they were trained to perform their role when they started at the practice, and all said that they felt the initial training they were given was adequate. Staff regularly received training in safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We saw evidence that nursing staff attended regular update training sessions, and that they used online resources and liaison with allied professionals, such as community diabetes and chronic obstructive pulmonary disease specialists, to keep their knowledge up to date.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and liaising with local area specialists.
- The practice manager kept records to ensure that staff attended mandatory training at the recommended intervals. Additional learning needs of staff were identified opportunistically, and staff we spoke to said that they felt confident to approach the practice manager to request training should they need to. There

was no formal system of individual appraisals for administrative staff; the practice manager held group appraisals approximately every six months, which we were told the staff preferred; these were not documented. Administrative team meetings were held as needed and we were told that the practice manager spent time with administrative staff on most days, which allowed opportunity for informal information sharing and discussions about issues that had arisen.

- Clinical staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a weekly basis when care plans were routinely reviewed and updated for patients with complex needs; however, these meetings were not minuted.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be at risk of developing a long-term condition such as diabetes or chronic obstructive pulmonary disease, and kept a register of these patients; however, the practice could not provide examples of using the register to provide support to these patients to live healthier lives.

They identified patients receiving end of life care, those who were carers, and those requiring psychological support. These Patients were signposted to the relevant service. Smoking cessation advice was available from the practice nurse.

The practice's uptake for the cervical screening programme was 87%, which was comparable to the CCG average of 81% and the national average of 82%. The practice encouraged uptake of the screening programme by ensuring that a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were

referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Their uptake for these tests was comparable to CCG and national averages.

The practice had introduced a system for ensuring that referrals for patients who were referred to hospital with suspected cancer under the two-week-wait rule were not overlooked; this involved the practice keeping a list of these patients and contacting them a week after the referral had been made to ensure that they had received an appointment, and then contacting the hospital following the appointment to ensure that the patient had attended; however, whilst this appeared to be an effective safety net system, and we were told by the person responsible that the monitoring of these referrals was being done, we noted that their recording spreadsheet had not been kept up to date.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 92% (CCG averages ranged from 87% to 92%) and five year olds from 65% to 92% (CCG averages ranged from 65% to 91%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Satisfaction scores for the practice were comparable with local and national averages on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.

- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

We saw evidence that the practice had considered the results of the survey and formed an action plan to address areas where they had scored below average. This action plan had been shared with the patient participation group and their views had been considered.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments, which was the same as the CCG and national average.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in a variety of different languages.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 106 patients as carers (approximately 1.5% of the practice list). Carers were given details of a local community support group. The

practice also helped to keep this group healthy by providing annual health checks and offering immunisations. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice's patient list was growing and the practice was therefore in the process of securing funding for a building extension to allow them to add an additional consultation room so that more patients could be seen.

- The practice offered a 'Commuter's Clinic' every weekday evening from 6:30pm to 8pm and on Saturday mornings from 8:30am to 11am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available.
- Patients could submit feedback on the practice via an electronic screen in the reception area. The results for May 2016 showed 23 patients out of 30 (76%) scored the practice 5 out of 5.
- The practice had a Twitter account with 63 followers, which was used to share health education information.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments were from 8am to 1pm every morning, and 3:00pm to 6:30pm every afternoon and patients could contact clinical staff by phone between 1pm and 3pm. Extended hours appointments were offered between 6:30pm and 8:00pm Monday to Friday and from 8:30am to 11:00am on Saturdays. In addition to pre-bookable appointments that could be booked up to a year in advance, urgent appointments were also available

for people that needed them. On the day of the inspection the next available appointment was on the next day, and we saw that there was a good range of appointments available for the days following. Text message alerts were used to remind patients of appointments; this system was also used for health promotion, such as to invite patients to attend the practice for flu vaccines.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

If a home visit was requested, GPs would consider the request and telephone the patient if they required further information. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, the practice would arrange for the patient to be seen by the local Community Ward team. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example, there was information available in the waiting area and also on the practice's website.

The practice had received four complaints in the past 12 months, three were verbal and one was in writing. We

Are services responsive to people's needs? (for example, to feedback?)

looked at these and found that they were satisfactorily handled, dealt with in a timely way, and with openness and

transparency. There were no specific learning points highlighted as a result of the complaints that we looked at; however, we were told that for incidents where there was learning, this would be shared with staff.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice reviewed their priorities and strategy annually and developed annual objectives, which were shared with all staff. They had a record of these objectives, but there was no detailed plan which outlined individual tasks or areas of responsibility; however, staff we spoke to were aware of their role in achieving these objectives, and were invested in achieving them.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements; however, there was limited evidence that this was used to drive improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions; however, these were not always robust.
- Staff could describe the action that they took in order to ensure that patient confidentiality was maintained; however, during the inspection we observed that a room used for storing patient notes had been left unlocked.

Leadership and culture

On the day of inspection the management team at the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality

care. They told us they prioritised safe, high quality and compassionate care. Staff told us the management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The management team encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment they gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management.

- Administrative staff told us they met regularly with the practice manager for informal meetings, and that formal meetings to discuss issues relating to their roles were held every two months; however, these were not documented. Clinical staff met weekly with multidisciplinary team colleagues in order to discuss clinical issues; these were also not usually documented. We were also told that the principal GP met regularly with nursing staff to discuss individual patients, to review the areas of the practice's QOF performance that were the responsibility of the nursing team, and to jointly plan strategies for improving the practice's performance.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We were told that whole team meetings were held every six months; however, these were not always documented.
- Staff said they felt respected, valued and supported, particularly by the management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had started a patient participation group (PPG) several years ago, but it had been inactive for some time prior to a relaunch in recent months. We spoke to three members of the PPG on the day of the inspection; we were told that the group had met once recently and that they felt that the practice valued their opinions and were optimistic about the role that the PPG would play in future.
- The practice had run patient surveys in order to get patient feedback about the service. As a result of these surveys, patients had requested a water machine in the waiting area, and asked that staff wear name badges, and the practice had provided both of these.
- The practice had gathered feedback from staff through staff meetings and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

management. For example, one of the administrative staff told us that they had suggested that the practice put an audit trail system in place to ensure that there was a record of information received by post being distributed to all relevant members of staff, and that this had been adopted by the practice. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They worked closely with external teams in order to provide a high level of specialised care for their patients; for example, they invited consultants from local hospitals to deliver educational sessions, and they provided joint consultations with locality experts for patients with long-term conditions whose conditions were difficult to manage.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had failed to ensure that all significant events were thoroughly documented, investigated and that learning was shared, embedded and analysed.</p> <p>The provider had failed to ensure that complete records were kept in relation to patient care and treatment, and relating to the management of the service.</p> <p>The provider had failed to securely store confidential patient information.</p> <p>There was no system to monitor use of prescriptions.</p> <p>This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had failed to ensure that the risks to patients with regards to a fire at the premises had been considered and mitigated.</p>

This section is primarily information for the provider

Requirement notices

The provider had failed to put in place a formal process for checking emergency equipment and for ensuring that medicines were safely stored.

This was in breach of regulation 12(1)(2) (a)(b)(d)(e)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.